2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

P12438 DOCUMENT

1. Entity Name

Principal Place of Business

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STARWOOD HOTELS & RESORTS WORLDWIDE, INC.

VCFO

BROWN, RONALD C

PHOENIX AZ 85016

2231 E. CAMELBACK RD., #400



TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

☐ Defete

Delete

FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90123 004 ***150.00

1111 WESTCHESTER AVENUE			Mailing Address 2231 E. CAMELBACK RD. SUITE 400			11029147			
UŠ [†] PH		••••	PHOENIX AZ 85016						
2. Principal Place of Business 3. Ma		3. Mai	Mailing Address				4 (00)(00) (0) (60)0 61061 N(060 66)0) (86) 0)0		B
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 52-1193298 Applied For Not Applicable			
Zip	Country	Zip		Country		5. Ce	rtificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM				Name	,				
1200 S. PINE ISLAND ROAD				Street	Address (P.O. Box Number is Not Acceptable)				
	ON FL 33324				_				
				City			F	Zip Cod	e
	named entity submits this statement for tions of registered agent.	the purp	ose of changing its re	gistered office	or registered	agent	t, or both, in the State of Florida. 1 a	ım familiar with,	and accept
J	3								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if appl	licable. (NOTE: F	Registered Agent sign	ature required wh	en reinst	tating) DAT	E .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be to Fees
10.	OFFICERS AND I		RS.	11.		ADDI.	TIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERNLICHT, BARRY S 1111 WESTCHESTER AVENUE WHITE PLAINS NY 10604	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREW, JEFF S 2231 E. CAMELBACK RD., STE. 4 PHOENIX AZ 85016	00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT	-		⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, KENNETH S 1111 WESTCHESTER AVENUE WHITE PLAINS NY 10604	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V5			⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT MORROW, PETER 2231 E. CAMELBACK RD., STE. 4 PHOENIX AZ 85016	00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP			⊠ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

☐ Change

☐ Change

[Addition

☐ Addition